

South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street, Suite 3; Spearfish, SD 57783 (605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

> South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

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Name of Institution: Avera Education & Staffing Solutions	
Address: 1000 West 4th St., Suite 9, Yankton, SD 57078	
Phone Number: 605-668-8475 Fax Number: 605-668-8483	
E-mail Address of Faculty: gmaag@avera.org	
Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum List personnel and licensure information Complete evaluation of the curriculum Request re-approval with faculty changes and/or_curriculum changes List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel Complete evaluation of the curriculum Submit documentation to support requested curriculum changes	

1. **List Personnel and Licensure Information:**

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

		RN LICENSE					
Name of Program Coordinator	State	Number	Expiration Date	Verification (Completed by SDBON)			
Gwen Maag, RN-BC, BSN	SD	R032347	05/29/2014	Stathen			

If requesting new Program Coordinator, attach curriculum vita, resume, or work history

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

	RN OR LPN LICENSE					
Name of Primary Instructor	State	Number	Expiration Date	Verification (Completed by SDBON)		
See Attached List						

If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.



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	LICENSURE/REGISTRATION					
Supplemental Personnel & Credentials	State	Number	Expiration Date	Verification (Completed by SDBON)		
See Attached						

2. <u>Complete Evaluation of the Curriculum:</u> Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard	Yes	No
 Program was no less than 75 hours. 	X	- 110
 Provided minimum 16 hours of instruction prior to students having direct patient contact. 	x	
 Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed students for one instructor. 	8 x	
 Provided instruction on each content area (see ARSD 44:04:18:15): 		
Basic nursing skills	X	
Personal care skills	X	
Mental health and social services	X	
Care of cognitively impaired clients	X	
Basic restorative nursing services	X	
Residents' rights	X	
 Students did not perform any patient services until after the primary instructor found the stud- to be competent 	ent x	
 Students only provided patient services under the supervision of a licensed nurse 	X	
 Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association). 	x	

Submit Documentation to Support Requested Curriculum Changes: Name of Course (if applicable): Avera CNA On-Line Training Solutions (using "The Nursing Assistant" 5th Ed., J. Pulliam (c) 2012) A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction. □ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc). Submit documentation that supports requirements listed in ARSD 44:04:18:15, including: Behaviorally stated objectives with measurable performance criteria for each unit of curriculum Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows: A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights. A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor. Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;



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\checkmark	Mental health and social services, includin developmental tasks associated with aging	g process; respecting person	to behaviors; awareness of all choices and preserving client
	dignity, and recognizing sources of emotion	onal support;	
\checkmark	Care of cognitively impaired clients, include	ling: communication and te	chniques for addressing unique
	needs and behaviors;		
\checkmark	Basic restorative nursing services, includir eating, and dressing; range of motion; tur	ig: self-care; use of assistive	devices in transferring; ambulation,
	and training; and care and use of prosthe	tic and orthotic devices:	and chair; bower and bladder care
\checkmark	Residents' rights, including: privacy and co	onfidentiality; self-determina	tion: reporting grievances and
_	disputes; participating in groups and activ	ities; security of personal po	ssessions; promoting an
	environment free from abuse, mistreatme	nt, and neglect and requiren	nent to report; avoiding restraints.
	Dwen C.	Magger-BC, BSN	04-17-2013
Program Coord	inator Signature:	0	04-17-2013 Date:
This section to	be completed by the South Dakota Bo	ard of Nursing	
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Date Application	Received: 4/22/13	Date Application Denied:	
Date Approved:	4122113	Reason for Denial:	
Expiration Date			
Board Represen			
Date Notice Sen	t to Institution: 4/22/13		

Attachment to Nurse Aide Application for Re-Approval of Training Program

Names of Primary Instructors		RN LICENSE					
		Number	Expiration Date	Verification (Completed by SDBON)			
Gwen Maag, RN-BC, BSN	SD	R032347	05/29/14	80			
Helene Kay Hegge	NE	58161	10/31/14	80			
Rebecca Ann Wolff	SD	R039982	12/31/13	80			
Katherine Theresa Jorgansen Jurgensen	SD	R013910	09/29/14	8			
		R013918					

		RN LICENSE				
Names of Supplemental Instructors	Facility	State	Number	Expiration	Verification	
			R009322	Date 11/23/14	(Completed by SDBON)	
Twila Burwitz	AESS	SD	R032347	5/29/14	80-verified in NURSYS.	
Maxine M. Willman	ASJCC &	SD	R012309	2/01/14	South red	
	AYCC					
Mary Joy Cwach	ASJCC &	SD	R017926	10/07/13	8	
	AYCC					
Amy Hanselman	Avera Brady	SD	R029053	2/26/14	80	
Margaret Miller Peggy A. Miller	Avera Brady	SD	R026457	8/15/14	80	
Marcia Lachnit	Avera Brady	SD -	R026457 R02 392	9/19/14	So	
Brandi Uithoven	Avera Brady	SD	R033938	7/8/14	80	
Diane Fessler	Avera Brady	SD	R029283	3/25/14 2/25/14	8	

804hPN =80